

**ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201**

PHONE 501-371-2750

**INSTRUCTIONS FOR REGISTRATION OF SELF-FUNDED PLANS
MULTIPLE EMPLOYER TRUSTS,
AND MULTIPLE EMPLOYER WELFARE ASSOCIATIONS**

1. Complete form SELF-1-LIC (4-02)
2. For Multiple Employer Trust and Multiple Employer Welfare Associations a full copy of the trust agreement must be attached to the form.
3. A detailed written explanation for the basis for the enrollment in the Multiple Employer Welfare Association or enrollment in the Multiple Employer Trust must be attached to the form.
4. If the plan is registered in other states than Arkansas, complete question #6 and attach copies of all licenses or registrations for those other states.
5. Attach copies of any and all marketing materials that will be used in Arkansas.
6. Attach a list of all producers, agents, brokers, consultants or adjusters who will be transacting or processing business for the plan in the State of Arkansas. This list must include the name, address, phone number and license number of the licensee.
7. If the Plan is fully insured a copy of the declaration page/certification and policy must be attached to the application.
8. Multiple Employer Trusts and Multiple Employer Welfare Associations and Self Fund Plans must attach complete copies of any and all filings made to the Department of Labor and/or the Internal Revenue Service within the last 12 months from the date of application.